#### STATE OF NEW JERSEY DEPARTMENT OF CORRECTIONS

# ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION AND REGISTRATION

NAME: BROWN KEVIN PRISONAUD 447840
SBI#: 56 3038 A FBI#: DOB: 12 /12/56
INTENDED RESIDENCE: 15 RAYMOND AV.
PLAINFIELD N.J.
Initials
1. I understand that I must verify my address with the Harries Police Department every year.
I understand that this verification must be in person and I must provide proof of that address, such as a letter or a bill.
3. L. I understand that if I served my sentence at the Adult Diagnostic & Treatment Center (Avenel), or if I was found to be a repetitive and compulsive sex offender, I must verify my address every 90 days.
4. CR I understand that if I move, I must notify Parties Police Department and the Police Department in the town where I intend to live, at least ten (10) days before I move. I must then re- register in my new town.
I understand that if I remain offense-free for fifteen (15) years from the date of conviction or release from prison, whichever is later, I may apply to the Superior Court to be relieved of my obligation to register.
I understand that I may be charged with <u>Failure to Register 4<sup>th</sup> Degree</u> , subjecting me up to 18 months in prison pursuant to <u>N.J.S.A.</u> 2C:7-2, if I fail to register, re-register or verify my address as required by law.
7. I understand that if I move to another State, I will be subject to any and all laws governing sex offender registration procedures.
I,, have read the above seven (7) paragraphs to
Date: 9 13 or Officer's Signature:
Date: P / 1 / 1) Registrant's Name (Print): K. Bleau
Registrant's Signature: XKUVIS BREE

ATTACHMENT A

00024

## STATE OF NEW JERSEY DEPARTMENT OF CORRECTIONS

# ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION AND REGISTRATION

NAME: BROWN Kevin PRISON NUMBER: 447846 SBI#: 563038A  ERI#:
NAME: BROWN   Kevin PRISON NUMBER: 447846  SBI#: 563038 A FBI#: DOB: 14/12/56  INTENDED RESIDENCE: CAMEN CONTY 5.5. 600 MARKET St.  CAMPEN NJ.  Initials
INTENDED RESIDENCE: CAMEN COUNTY 5.5. 600 MARKET ST.
CAMPEN N-J.
Initials
1. Kl I understand that I must verify my address with the Police Department every year.
2. I understand that this verification must be in person and I must provide proof of that address, such a a letter or a bill.
I understand that if I served my sentence at the Adult Diagnostic & Treatment Center (Avenel), or if I was found to be a repetitive and compulsive sex offender. I must verify my address every 90 days.
I understand that if I move, I must notify <u>CAMPEN</u> Police Department and the Police Department in the town where I intend to live, at least ten (10) days before I move. I must then register in my new town.
I understand that if I remain offense-free for fifteen (15) years from the date of conviction or release from prison, whichever is later, I may apply to the Superior Court to be relieved of my obligation to register.
I understand that I may be charged with <u>Failure to Register 4<sup>th</sup> Degree</u> , subjecting me up to 18 months in prison pursuant to <u>N.J.S.A.</u> 2C:7-2, if I fail to register, re-register or verify my address as required by law.
I understand that if I move to another State, I will be subject to any and all laws governing sex offender registration procedures.
I,, have read the above seven (7) paragraphs to
Date: 12 /2 Officer's Signature:
Date: 12 /2 Registrant's Name (Print): K. Brau
Registrant's Signature: MMM BMB

# Page 3 of 3 PAGE 18

#### STATE OF NEW JERSEY DEPARTMENT OF CORRECTIONS

## ACKNOWLEDGEMENT OF DUTIES OF ADDRESS VERIFICATION AND REGISTRATION

<b>y</b> .	4	1/ 1		
NAM	ME: Blaw,	FEVIN.	PRISON NUMBER:_	447840
SBI#	: 563038 A	FBI#:	! DOB:_	
INTE	ENDED RESIDENCE:	SAINTS PRIS	SON MINISTRY	<del></del>
		235 Wes;	+ minSt. M	oces from N.
Initial	Is	·		
1. K	I understand that I must year.	verify my address with the	Marses Taux Police	e Department every
2. <u>K.B</u>	I understand that this ver a letter or a bill.	ification must be in person an	ed I must provide proof of t	hat address, such as
4	was found to be a repetiti	ed my sentence at the Adult I ve and compulsive sex offend	Diagnostic & Treatment Cer er, I must verify my addres	iter (Avenel), or if I s every 90 days.
4. <u>l</u>	'	ove, I must notify Moste where I intend to live, at least	Police Departm	ent and the Police ve. I must then re-
<i>\$\$!</i>	I understand that if I rems from prison, whichever is register.	in offense-free for fifteen (1. later, I may apply to the Sup	5) years from the date of co serior Court to be relieved of	onviction or release of my obligation to
6/10	I understand that I may to months in prison pursuant required by law.	to <u>N.J.S.A.</u> 2C:7-2, if I fail to	Register 4 <sup>th</sup> Degree, subject to register, re-register or ve	cting me up to 18 rify my address as
£	I understand that if I movoffender registration process	ve to another State, I will be dures.	e subject to any and all la	ws governing sex
•	ficer's Name)	ead the above seven (7) pars	ngraphs to(Registrant's	Name)
Date: _	vided a copy of the Ackno	officer's Signature:	Je Chris	Z.
Date:	12/12/0	Registrant's Name (Pri	nt): K. BR	ica
		Registrant's Signature:	XMM Bit	